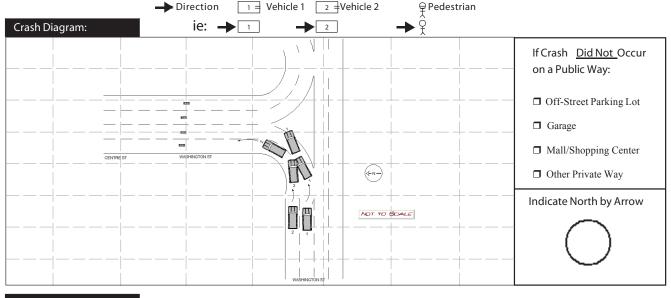
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City WEYMOUTH Insurance Company FOREMOST Vehicle Travel Direction: NS W Responding to Emergency? Notation 4 (If Issued) Violation 1: Ch See Violation 2: Ch See Underride Override Please fill out for operator and all occupants involved Name (Line First Middle) Operator See Above Please fill out for operator and all occupants involved Name (Line First Middle) Please Select One of the Following: Wehicle 2 2 # Occupants New Month of the Following: License # State New Month of the Following: License		Address 347 G	REEN ST	First		Middle									Midd	ile		-
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GAVI, SINGER 84 ELDRIDGE ST NEWTON, MA Please Select One of the Following: Non-Motorist A Type 14 Action 15 Location 16 Condition 17 Hit/Run Moped License # — St MA DOB/Age — Reg # 2WAL88 Sex F Lic. Class D 18 18 Lic. Restrictions 1 DUL Veh Year 2021 Veh Make MAZDA Veh Config. Operator MARSHALL JENELLE JENELLE JENELLE JENELLE JOWNer MARSHALL JAMES Address 1665 (apt. 2) CENTER ST City NEWTON State MA Zip 02461 Insurance Company PROGRESSIVE Vehicle Travel Direction: N S X W Responding to Emergency? N Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Underride/Override Please fill out for operator and all occupants involved Name (Last First Middle) Address 1665 (apt. 2) CENTER ST Towner MARSHALL Damaged Area Code: (Circle Up to Three) Event Sequence 1 22 22 22 22 22 22 22 22 22 22 22 22 22	-	Name (Last Fir		1		Address				Pos. \$					Status	Code	Medical Facili	ity
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IONES MARSHALL LAMIERE 1665 CENTRE ST (apt 2)		Name (Last Fi	rst Middle)			Address		Age/DOB	Sex		afety Airba System Star	g Airbag tus Switch	Eject Code			ransp.	Medical Faci	lity
	-	Operator/	Non-Motoris								1 4	99	0	0	10	1		
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Crash Narrative:

Operator of MV1 stated she was in the right lane on Washington St going around the rotary heading towards Centre St when the vehicle to her left tried to merge in her lane and struck the left side of her vehicle. The collision forced MV1 to strike the curb of the island on her right side and also damage the rims on the passenger side. Operator of MV1 then stopped at the red light and got out of the vehicle and the operator of MV2 told her she would pull over. Operator of MV2 began driving on Centre St and operator of MV1 believed she was not going to pull over so she called the police and left the scene.

Operator of MV2 was able to meet myself and operator of MV1 at Dunking Donuts located at 343 Washington St. Operator of MV2 stated she was in the left lane when MV1 tried to merge into her lane. MV1 struck her vehicle and operator of MV2 believed MV1 was going to follow her to a safe location to exchange paper work.

(Continued or	n next page)							
Witnesses:								
Name (Last, First, Middle)		Address				Phone #	:	Statement
Property Damage:								
Owner (Last, First, Middle)	Address		Phone #	34-Type	Description	on of Damag	ged Property	
			•					
Truck and Bus Information:	Registration #		(From Vehic	le Section)				25
Truck and Bus Information: Carrier Name			(From Vehic	ele Section)		Carrier Issui	ing Authority Cod	35 le
								de
Carrier Name			City			St	Zip	de
Carrier Name	State Number		City			St	Zip	de
Carrier Name	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name Address US DOT #: Cargo Body Type Code 37 Gros	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	de
Carrier Name	State Numbers Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC#: Tra	ailer Length	St	Zip _ Interstate	de

→	Direction 1	Vehicle 1	2 =Vehicle 2	₽Pedestria	in	
Crash Diagram:	ie: → 1	→ [2	→ ĝ		
					If Crash on a Pub	<u>Did Not</u> Occur lic Way:
					□ Off-St	reet Parking Lot
					☐ Garag	
						Shopping Center
						Private Way
					Indicate	North by Arrow
				 	(
Crash Narrative:						
Operator of MV2 states she	pulled off ont	co a side st	reet and MV1	continued to	o drive straight.	Operator of
MV2 was not going to call	the police and	was going t	o just conta	ct her insura	ance company.	
No parties needed medical	attention. Nei	ther vehicle	e required a	tow.		
W itnesses: Name (Last, First, Middle)		Address			Phone #	Statement
		111111111111111111111111111111111111111				
Property Damage:			DI #	24.7		
Owner (Last, First, Middle)	Address		Phone #	34-Type [Description of Damaged P	operty
Truck and Bus Information:	Registration #		(From	Vehicle Section)		25
Carrier Name					Carrier Issuing A	uthority Code 35
Address			City		St	Zip
US DOT #:	State Number		Issuing State	ICC #:	In	terstate 36
Cargo Body Type Code 37 Gros	ss Vehicle Weight	38			20	
Trailer Reg #:	Reg Type	Reg State	Reg Yes	nr Trail	ler Length 39	
Hazmat Information:	41					42]
Placard 40 Material 1 digit #	Material Na	ame		Material 4 dig	git#Rele	ease code 42
RICHARD NEWTON				NEWTON POLICE DEPARTM		11/22/2021
Police Officer Name (Please Print)	Signature		ID/Badge #	Department	Precinct/Barracks	

CDP1 11 ·24·00